



The Center for  
Health Equity

## Healing Futures Fellowship Summer Program

### APPLICATION

**June 25, 2012 – August 3, 2012**

**Instructions:** To apply you must be a rising sophomore, junior or senior in Louisville or Jefferson County and submit a 500 word essay. Deadline for submission is 11:59 p.m. June 13, 2012. **Attendance is expected for the entire program from June 25, 2012 to August 3, 2012.**

Submit your completed application to Angela Hollingsworth via mail, fax or email:

Healing Futures Fellowship Summer Program  
Attention: Angela Hollingsworth  
2422 West Chestnut Street  
Louisville, Kentucky 40211  
Email: Angela.Hollingsworth@louisvilleky.gov  
Phone: 502-574-5881  
FAX: 502.574.1430

**In your 500 word essay introduce yourself. We want to know who you are. Then share your views on at least one of the questions below:**

- Do you think all young people in Louisville have the same opportunity to enjoy good health and quality of life?
- Have you personally ever experienced violence in your life? If so, how did you react to it? Did anyone help you deal with it?
- What ideas do you have that might help to prevent bullying, assaults, shooting or violence of any kind in Louisville?
- Share with us your insights and the talents you will bring to the group, as we explore issues of race, class, culture, gender, violence and inequities.

**Please also complete the Potential Participant Information on the following pages.**

**HEALING FUTURES FELLOWSHIP**  
**Summer 2012**  
Potential Participant Information

\*Your Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\*High School: \_\_\_\_\_

\*Grade you will be entering in the next (2012-13) academic school year?

(check one): 10<sup>th</sup> \_\_\_\_ 11<sup>th</sup> \_\_\_\_ or 12<sup>th</sup> \_\_\_\_

\*Gender: Male \_\_\_\_ Female \_\_\_\_ (check one)

\*What is your ethnicity? Hispanic/Latino: \_\_\_\_ or, Non-Hispanic Latino \_\_\_\_ (check one)

\*What is your race?

Black/African American: \_\_\_\_

White/ Caucasian: \_\_\_\_

Asian: \_\_\_\_

Another: \_\_\_\_\_ (please specify)

\*Home Address: (please include zip code) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Your Phone Number(s): \_\_\_\_\_

\*Your Email address: \_\_\_\_\_

\*Parent Name: \_\_\_\_\_

**\*Parent Phone Number(s):** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_